

DOC # 0131741

06/17/2008

03:38 PM

Official Record

Recording requested By
GARY D. FAIRMAN

Lincoln County - NV

Leslie Boucher - Recorder

Fee: **\$17.00**

Page 1 of 4

RPTT.

Recorded By: AE

Book- 242 Page- 0300



0131741

RECORDATION REQUESTED BY:

GARY D. FAIRMAN, ESQ.
Attorney at Law
P. O. Box 151105
Ely, Nevada 89315

Telephone No.: 775.289.4422

RE: AFFIDAVIT IN RE JOHN D. COLE TERMINATION OF JOINT
TENANCY (NRS 111.365)

COOPER

SEND RECORDED DOCUMENT TO:

GARY D. FAIRMAN, ESQ.
P. O. Box 151105
Ely, Nevada 89315

AFFIDAVIT IN RE JOHN D. COLE

TERMINATION OF JOINT TENANCY (NRS 111.365)

STATE OF NEVADA,)
) : ss.
County of Lincoln.)

KATHLEEN M. COLE, being first duly sworn, deposes and says:

That affiant is the wife of JOHN D. COLE, Deceased. That Decedent died on the 4th day of February, 2008, in the City of Caliente, County of Lincoln, State of Nevada.

That during the lifetime of said Decedent, certain real property was acquired in joint tenancy wherein the JOHN D. AND KATHLEEN COLE TRUST were the Grantees. That under the laws of the State of Nevada, upon the death of JOHN D. COLE, the title and ownership of said real property became vested in KATHLEEN M. COLE, as the surviving joint tenant. That said real property was acquired by a Deed dated the 23rd day of September, 2005, wherein EUGENE McCLOUD, JR. was the Grantor, and JOHN D. AND KATHLEEN COLE TRUST, as Joint Tenants, were the Grantees.

That said Deed was recorded in Document No. 126494, Book 216, Page 398, Lincoln County Records.



That the real property conveyed therein, in joint tenancy, is more particularly described as follows, to-wit:

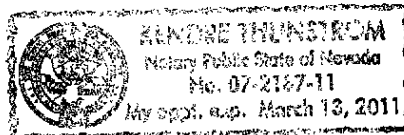
All of lot numbered Seventeen (17) and Eighteen (18) in Block numbered Thirteen (13) as said lots and block are shown on the official plat of the Pioche Mines Consolidated, Inc. addition to the said Town of Pioche. As said lots and block are shown on the official plat of said Addition; now on file and of record in the Office of the County Recorder of said Lincoln County and to which plat and the records thereof reference is hereby made for further particular description together with any and all improvements and buildings situate thereon and contents therein.

That by reason of the foregoing, affiant hereby declares that the title and interest of JOHN D. COLE, Deceased, in the above-described real property has vested in KATHLEEN M. COLE, in fee simple, and that KATHLEEN M. COLE is the sole and absolute owner thereof, together with the tenements, hereditaments, and appurtenances, thereunto belonging or appertaining, and the reversion and reversions, remainder and remainders, rents, issues and profits thereof.

Kathleen M. Cole
KATHLEEN M. COLE

SUBSCRIBED AND SWORN to before me
this 3 day of June, 2008.

Spencie Brunton
NOTARY PUBLIC



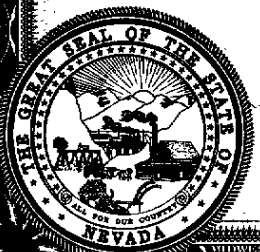
2008001869
 STATE FILE NUMBER

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 DIVISION OF HEALTH
 VITAL STATISTICS
 CERTIFICATE OF DEATH

TYPE OR PRINT IN PERMANENT BLACK INK	1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) John Donald COLE		2. DATE OF DEATH (Mo/Day/Year) February 04, 2008		3a. COUNTY OF DEATH Lincoln	
	3b. CITY, TOWN, OR LOCATION OF DEATH Caliente		3c. HOSPITAL OR OTHER INSTITUTION -Name(if not either, give street and number) Grover C Diis Medical Center		3d. If Hosp. or Inst. Indicate DOA, OP/ Emer. Rm, Inpatient(Specify) Inpatient	
DECEDENT	5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 84	
	7b. UNDER 1 YEAR MOS DAYS HOURS MINS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Year) January 26, 1924	
IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS	9a. STATE OF BIRTH (if not U.S.A., name country) Nevada		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 13	
	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		12. SURVIVING SPOUSE (if wife, give maiden name) Kathleen Mary HINE		13. SOCIAL SECURITY NUMBER	
PARENTS	14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired) Rancher		14b. KIND OF BUSINESS OR INDUSTRY Ranching		14c. Ever in US Armed Forces? No	
	15a. RESIDENCE - STATE Nevada		15b. COUNTY Lincoln		15c. CITY, TOWN OR LOCATION Pioche	
DISPOSITION	15d. STREET AND NUMBER E. Hoffman & Main		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		16. FATHER - NAME (First Middle Last Suffix) John William COLE	
	16. MOTHER - NAME (First Middle Last Suffix) Anna SUCCETTI		17. INFORMANT - NAME (Type or Print) Kathleen Mary COLE		18. MAILING ADDRESS (Street, P.O. Box, City or Town, State, Zip) E. Hoffman & Main Pioche, Nevada 89043	
TRADE CALL	19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Removal/Cremation		19b. CEMETERY OR CREMATORY NAME Southern Utah Cemetery		19c. LOCATION City or Town State Cedar City Utah	
	20a. FUNERAL DIRECTOR - SIGNATURE (Or Print) TODD BOYER SIGNATURE AUTHENTICATED		20b. FUNERAL DIRECTOR LICENSE 807		20c. NAME AND ADDRESS OF FACILITY Southern Nevada Mortuary 700 Front Street Caliente NV 89008	
CERTIFIER	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) RICHARD WILLIAM KATSCHE JR. M.D. SIGNATURE AUTHENTICATED		21b. DATE SIGNED February 05, 2008		21c. HOUR OF DEATH 04:45	
	21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) Richard William Katsche Jr. M.D. P.O. Box 1010 Caliente, NV 89008		22a. DATE SIGNED (Mo/Day/Year) February 05, 2008		22b. HOUR OF DEATH 04:45	
REGISTRAR	23a. NAME AND ADDRESS OF REGISTRAR (Type or Print) Richard William Katsche Jr. M.D. P.O. Box 1010 Caliente, NV 89008		23b. LICENSE NUMBER 10509		24a. REGISTRAR (Signature) TODD BOYER SIGNATURE AUTHENTICATED	
	24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Year) February 05, 2008		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		25. IMMEDIATE CAUSE PART I (a) Metastatic Colon Cancer Interval between onset and death: Months (b) DUE TO, OR AS A CONSEQUENCE OF: Coronary Artery Disease Interval between onset and death: Years (c) DUE TO, OR AS A CONSEQUENCE OF: Congestive Heart Failure Interval between onset and death: Years (d) DUE TO, OR AS A CONSEQUENCE OF: _____ Interval between onset and death: _____	
CAUSE OF DEATH	25. IMMEDIATE CAUSE PART II		26. AUTOPSY (Specify Yes or No)		27. WAS CASE REFERRED TO CORONER (Specify Yes or No)	
	28a. ACC., SUICIDE, HOMIC., UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Year)		28c. HOUR OF INJURY	
CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE - STATING THE UNDERLYING CAUSE LAST	28d. DESCRIBE HOW INJURY OCCURRED		28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)	
	28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE					

STATE REGISTRAR

533996



192641

CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED: FEB 12 2008

Rid Whitey
 STATE REGISTRAR

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

PHNCO (REV) 11/06

